Fill in this information to identify your case:				Check one box only as directed i
Debtor 1	Rafael First Name Middle Name		Mena, III Last Name	form and in Form 122A-1Supp: 1.There is no presumption of abuse.
Debtor 2 (Spouse, if filing) United States Bar	Gabriela First Name	Eleonora Middle Name or the: SOUTHERN D	Mena Last Name ISTRICT OF TEXAS	2. The calculation to determine if a presum of abuse applies will be made under Chamber Test Calculation (Official Form 1
Case number 20-20282 f known)			3. The Means Test does not apply now be of qualified military service but it could a later.	
				☐ Check if this is an amended filing

Official Form 122A-1

1.

Chapter 7 Statement of Your Current Monthly Income

04/20

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because of qualifying military service, complete and file Statement of Exemption from Presumption of Abuse Under § 707(b)(2) (Official Form 122A-1Supp) with this form.

Part 1: Calculate Your Current Monthly Income

What is y	your marital and filing status? Check one only.
☐ Not	married. Fill out Column A, lines 2-11.
 Mar	ried and your spouse is filing with you. Fill out both Columns A and B, lines 2-11.
☐ Mar	ried and your spouse is NOT filing with you. You and your spouse are:
	Living in the same household and are not legally separated. Fill out both Columns A and B, lines 2-11.
	Living separately or are legally separated. Fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C. § 707(b)(7)(B).

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

		Column A Debtor 1	Column B Debtor 2 or non-filing spouse
2.	Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).	\$6,722.27	\$0.00
3.	Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.	\$0.00	\$0.00
4.	All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed	\$0.00	\$0.00

on line 3.

	Rafael Mena, III Gabriela Eleonora Mena			c	ase number (if k	nown) 20-20282
					Column A Debtor 1	Column B Debtor 2 or non-filing spouse
Net inco	ome from operating a busine	ess, profession, o	r farm			
		Debtor 1	Debtor 2			
Gross re	eceipts (before all ons)	\$0.00	\$0.00			
Ordinary expense	and necessary operating —es	\$0.00	\$0.00	Сору		
	othly income from a business, on, or farm	\$0.00	\$0.00	here →	\$0.00	<u>\$0.00</u>
Net inco	ome from rental and other re	eal property				
		Debtor 1	Debtor 2			
Gross re	eceipts (before all ons)	\$0.00	\$0.00			
Ordinary expense	and necessary operating -	\$0.00	\$0.00	Сору		
	othly income from rental or all property	\$0.00	\$0.00		\$0.00	\$0.00
Interest	, dividends, and royalties				\$0.00	\$0.00
Unempl	oyment compensation				\$0.00	\$0.00
	enter the amount if you conter under the Social Security Act.					
For y	ou		\$0.0	00		
For y	our spouse		\$0.0	00		
was a be next sen allowand disability uniforme of title 10 amount	n or retirement income. Do need to the social Securial tence, do not include any concept paid by the United States Conference. If you received a services. If you received a conference pay to which you wonly provision of title 10 other the	ty Act. Also, except mpensation, pensic Sovernment in con- ability, or death of any retired pay paic o extent that it doe and otherwise be e	ot as stated in the on, pay, annuity, or nection with a a member of the dunder chapter 61 as not exceed the entitled if retired		\$0.00	\$0.00
amount. payment declared (50 U.S. (COVID- humanity pay, ann connecti member	from all other sources not I Do not include any benefits ts made under the Federal law by the President under the N C. 1601 et seq.) with respect 19); payments received as a y, or international or domestic uity, or allowance paid by the ion with a disability, combat-re of the uniformed services. If e page and put the total below	received under the w relating to the na lational Emergenci to the coronavirus victim of a war crire terrorism; or compount United States Govelated injury or disa necessary, list other	e Social Security Actional emergency ies Act disease 2019 me, a crime agains pensation, pension vernment in ability, or death of a	ct; t		
pay, ann connecti member separate	nuity, or allowance paid by the ion with a disability, combat-reformed services. If	United States Goelated injury or disa necessary, list oth	vernment in ability, or death of a			

Debtor 1 Debtor 2		Rafael Mena, III Gabriela Eleonora Mena		Case number (if known) 20-20282		
	Add lin Then a	ate your total current monthly income. les 2 through 10 for each column. ldd the total for Column A to the total for Column		Column A Debtor 1 Debtor 2 or non-filling spouse \$6,722.27 + \$0.00 = \$6,722.27 Total current monthly income		
P	art 2:	Determine Whether the Means 1	lest Applies to You			
12.	Calcul	ate your current monthly income for the y	ear. Follow these steps:			
	12a.	Copy your total current monthly income from	line 11	Copy line 11 here 12a. \$6,722.27		
		Multiply by 12 (the number of months in a ye	ar).	X 12		
	12b.	The result is your annual income for this part	of the form.	12b. \$80,667.24		
13.	Calcul	ate the median family income that applies	to you. Follow these steps:			
	Fill in t	he state in which you live.	Texas			
	Fill in t	he number of people in your household.	6			
	Fill in t	he median family income for your state and s	size of household	13. \$104,259.00		
		I a list of applicable median income amounts tions for this form. This list may also be avai	• •	•		
14.	How d	o the lines compare?				
	14a.	Line 12b is less than or equal to line 13 Go to Part 3. Do NOT fill out or file Offi		box 1, There is no presumption of abuse.		
	14b.	Line 12b is more than line 13. On the to Go to Part 3 and fill out Form 122A-2.	op of page 1, check box 2, The	presumption of abuse is determined by Form 122A-2.		
P	art 3:	Sign Below				
	By si	gning here, I declare under penalty of perjury	that the information on this sta	atement and in any attachments is true and correct.		
	X /s	s/ Rafael Mena, III	火 /s/ G	Sabriela Eleonora Mena		
	<i>,</i> , _	afael Mena, III, Debtor 1		iela Eleonora Mena, Debtor 2		
	D	ate 8/31/2020	Date	8/31/2020		
	MM / DD / YYYY			MM / DD / YYYY		
	If you	u checked line 14a, do NOT fill out or file For	m 122A-2.			
	If you	uchecked line 14h fill out Form 122A-2 and	file it with this form			

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Current Monthly Income Calculation Details

In re: Rafael Mena, III Case Number: 20-20282 Gabriela Eleonora Mena

Chapter:

2. Gross wages, salary, tips, bonuses, overtime and commissions.

Debtor or Spouse's Income	Description (if available)						
	6 Months Ago	5 Months Ago	4 Months Ago	3 Months Ago	2 Months Ago	Last Month	Avg. Per Month

Debtor XPO Logistics Supply Chain, LLC

> \$6,088.04 \$6,088.03 \$6,073.35 \$6,862.51 \$6,250.31 \$8,971.36 \$6,722.27

Underlying Allowances (as of 08/31/2020)

In re: Rafael Mena, III Case Number: 20-20282 Gabriela Eleonora Mena Chapter: 7

Median Income Information			
State of Residence Texas			
Household Size	6		
Median Income per Census Bureau Data	\$86,259.00 + (2 x \$9,000.00) = \$104,259.00		

National Standards: Food, Clothing, Household Supplies, Personal Care, and Miscellaneous			
Region	us		
Family Size	6		
Gross Monthly Income	\$6,722.27		
Income Level	Not Applicable		
Food	\$947.00		
Housekeeping Supplies	\$71.00		
Apparel and Services	\$251.00		
Personal Care Products and Services	\$88.00		
Miscellaneous	\$383.00		
Additional Allowance for Family Size Greater Than 4	\$756.00		
Total	\$2,496.00		

National Standards: Health Care (only applies to cases filed on or after 1/1/08)				
Household members under 65 years of age				
Allowance per member	\$56.00			
Number of members	0			
Subtotal \$0.00				
Household members 65 years of age or older				
Allowance per member	\$125.00			
Number of members 0				
Subtotal \$0.00				
Total \$0.00				

Local Standards: Housing and Utilities			
State Name	Texas		
County or City Name	Nueces County		
Family Size	Family of 5 or more		
Non-Mortgage Expenses	\$749.00		
Mortgage/Rent Expense Allowance	\$1,343.00		
Minus Average Monthly Payment for Debts Secured by Home	\$0.00		
Equals Net Mortgage/Rental Expense	\$1,343.00		
Housing and Utilities Adjustment	\$0.00		

Underlying Allowances (as of 08/31/2020)

In re: Rafael Mena, III Case Number: 20-20282 Gabriela Eleonora Mena Chapter: 7

Local Standards: Transportation; Vehicle Operation/Public Transportation					
Transportation Region		South Region	South Region		
Number of Vehicles Opera	ted	2 or more			
Allowance		\$386.00			
Loc	Local Standards: Transportation; Additional Public Transportation Expense				
Transportation Region		South Region			
Allowance (if entitled)		\$224.00			
Amount Claimed		\$0.00	\$0.00		
Local Standards: Transportation; Ownership/Lease Expense					
Transportation Region		South Region	South Region		
Number of Vehicles with O	wnership/Lease Expense	1	1		
	First Car		Second Car		
Allowance	\$521.00				
Minus Average Monthly Payment for Debts Secured by Vehicle	\$0.00				
Equals Net Ownership / Lease Expense					